

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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| 1 File Number U <u>25725</u> | 2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u> |
| 3 Name and address of person filing Name <u>Eugene C Rome, Jr.</u> P O Box Bldg Room No If any <u></u> Street <u>2306 Glenn Street</u> City <u>Bettendorf</u> State <u>IA</u> ZIP Code + 4 <u>52722-3820</u> | 4 Name file number and address of labor organization Name <u>I.U.P.A.T. Local Union # 676</u> Labor Organization File Number <u>006-685</u> P O Box Building and Room Number If any <u>P.O. Box 3157</u> Street <u></u> City <u>Davenport</u> State <u>IA</u> ZIP Code + 4 <u>52808-3157</u> |
| 5 Position in labor organization <u>Retired Business Manager - Trustee For welfare Plan Fund</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

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| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 7 a. Nature of Interest, Transaction or Income <div style="border: 1px solid black; height: 150px; width: 100%;"></div> 7 b. Amount. <div style="border: 1px solid black; width: 200px; height: 50px; margin-left: auto;"></div> |

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed Eugene C. Rome, Jr.

On 5/12/06
Date

563-355-7577
Telephone Number

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|--|----------------|
| Name of Person Filing Eugene C. Rome, Jr. | File Number U- |
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling, or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No. if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10 If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Illinois State Painters Welfare Fund</u></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg. Room No. if any <u>Suite 200</u></p> <p>Street <u>1000 Burr Ridge Parkway</u></p> <p>City <u>Burr Ridge</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60527-0845</u></p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11 b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12 a Nature of interest held or income received</p> <p><u>ILLINOIS STATE Painters Welfare Fund paid Sheraton Chicago Hotel, 301 E Northwater street, Chicago, IL for the Hotel Room of Trustee, Eugene C Rome for the night of 3-3-05 who attend Trustee meeting ON 3-4-05.</u></p> <p>12.b. Amount. <u>\$172.92</u></p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg. Room No. if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>14 a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b. Amount of payment. <input style="width: 100%;" type="text"/></p> |

Name of Person Filing Eugene C. Rome, Jr.

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name Trade Name, if any P O Box, Bldg. Room No. if any Street City State ZIP Code + 4

9 Business deals with.

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9.b. or 9.c. is checked give trust or employer's name.

Name Illinois State Painters Welfare FundTrade Name, if any P O Box, Bldg. Room No., if any Suite 200Street 1000 Burr Ridge ParkwayCity Burr RidgeState IL ZIP Code + 4 60527-0845

11 a. Nature of such dealing.

11 b. Approximate dollar value of such dealing.

12 a. Nature of interest held or income received.

Reimbursement of expenses incurred attending Trustee meeting on 3-4-05.

| | |
|-----------|----------|
| mileage - | \$141.75 |
| Parking - | \$35.00 |
| meals - | \$12.25 |
| Taxis - | \$12.00 |
| Tips - | \$6.00 |

12 b. Amount.

\$207.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any P O Box, Bldg. Room No., if any Street City State ZIP Code + 4

14 a. Nature of payment.

14 b. Amount of payment.

13 b. Is the Business an Employer ☐ or Consultant ☐ ?

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| Name of Person Filing <u>Eugene C. Rome, Jr.</u> | File Number U- |
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name <u>Illinois State Painters Welfare Fund</u></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg. Room No. if any <u>Suite 200</u></p> <p>Street <u>1000 Burr Ridge Parkway</u></p> <p>City <u>Burr Ridge</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60527-0845</u></p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11 b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12 a. Nature of interest held or income received</p> <p><u>Illinois State Painters Welfare Fund paid Marriott Chicago Southwest, 1800 Burr Ridge Parkway, Burr Ridge, IL for the Hotel room of Trustee, Eugene C Rome for the night of 6-2-05 who attended Trustee meeting on 6-3-05</u></p> <p>12 b Amount <u>\$137.33</u></p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>14 a Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b. Amount of payment. <input style="width: 100%;" type="text"/></p> |

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| Name of Person Filing <u>Eugene C. Rome, Jr.</u> | File Number U- |
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| 8 Name and address of Business (including trade name if any) Name <u>OBA Midwest, Ltd</u> Trade Name if any _____ P O Box Bldg Room No if any <u>Suite 200</u> Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>IL</u> ZIP Code + 4 <u>60527-0845</u> | 9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input checked="" type="checkbox"/> c Employer |
| 10 If 9 b or 9 c. is checked give trust or employer's name Name <u>Illinois State Painters Welfare Fund</u> Trade Name if any _____ P O Box, Bldg Room No. if any <u>Suite 200</u> Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>IL</u> ZIP Code + 4 <u>60527-0845</u> | 11 a Nature of such dealing <u>OBA Midwest, Ltd is the Administrator of the Trust Fund, Illinois State Painters Welfare Fund.</u> 11 b Approximate dollar value of such dealing. <u>\$116,000.00</u> 12 a Nature of interest held or income received <u>OBA Midwest provided dinner on 6-2-05 for the Trustees, Spouses, Guests and plan Professionals</u> <u>Dinner for Trustee - \$125.43</u> 12 b Amount. <u>\$125.43</u> |

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| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14 a. Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b Amount of payment <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

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| Name of Person Filing <u>Eugene C. Rame, Jr</u> | File Number U- |
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| <p>8 Name and address of Business (including trade name, if any)</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10 If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name <u>Illinois State Painters Welfare Fund</u></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No., if any <u>Suite 200</u></p> <p>Street <u>1000 Burr Ridge Parkway</u></p> <p>City <u>Burr Ridge</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60527-0845</u></p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing <input type="text"/></p> <p>12 a Nature of Interest held or Income received</p> <p><u>Reimbursement of expenses incurred attending Trustee meeting ON 6-3-05.</u></p> <p><u>Mileage - \$129.60</u></p> <p><u>meals - \$13.12</u></p> <p>12 b Amount. <u>\$142.72</u></p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b Amount of payment <input type="text"/></p> |

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| Name of Person Filing Eugene C. Rome, Jr. | File Number U- |
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name if any)</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name if any <input style="width: 100%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name <u>Illinois State Painters Welfare Fund</u></p> <p>Trade Name if any <input style="width: 100%;" type="text"/></p> <p>P O Box, Bldg. Room No. if any <u>Suite 200</u></p> <p>Street <u>1000 Burr Ridge Parkway</u></p> <p>City <u>Burr Ridge</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60527-0845</u></p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing <input style="width: 100%;" type="text"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px;"> <p><i>Illinois State Painters Welfare Fund paid Marriott Chicago Southwest, 1200 Burr Ridge Parkway, Burr Ridge, IL for the Hotel room of Trustee, Eugene C Rome for the night of 9-8-05 who attended Trustee meeting on 9-9-05.</i></p> </div> <p>12 b Amount <u>\$131.79</u></p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name if any <input style="width: 100%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b Amount of payment. <input style="width: 100%;" type="text"/></p> |

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| Name of Person Filing <u>Eugene C. Rome, Jr.</u> | File Number U- |
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling, or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>OBA Midwest, Ltd</u></p> <p>Trade Name if any: <u></u></p> <p>P O Box, Bldg Room No. if any <u>Suite 200</u></p> <p>Street <u>1000 Burr Ridge Parkway</u></p> <p>City <u>Burr Ridge</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60527-0815</u></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p> |
| <p>10 If 9.b or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Illinois State Painters Welfare Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P O Box, Bldg. Room No. if any <u>Suite 200</u></p> <p>Street <u>1000 Burr Ridge Parkway</u></p> <p>City <u>Burr Ridge</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60527-0815</u></p> | <p>11 a. Nature of such dealing.</p> <p><u>OBA Midwest, Ltd is the Administrator of the Trust Fund, Illinois State Painters Welfare Fund.</u></p> <p>11 b. Approximate dollar value of such dealing. <u>\$116,000.00</u></p> <p>12 a. Nature of interest held or income received</p> <p><u>OBA Midwest provided dinner on 9-8-05 for the Trustees, Spouses, Guests and plan Professionals</u> <u>Dinner for Trustee - \$58.15</u></p> <p>12 b. Amount. <u>\$58.15</u></p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
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Name of Person Filing Eugene C. Rome, Jr.

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Illinois State Painters Welfare Fund

Trade Name if any

P O Box, Bldg Room No. if any Suite 220

Street 1000 Burr Ridge Parkway

City Burr Ridge

State IL ZIP Code + 4 60527-0845

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Reimbursement of expenses incurred attending Trustee meeting on 9-9-05
mileage - \$129.60
meals - \$97.20

12 b Amount.

\$139.32

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

| | |
|--|----------------|
| Name of Person Filing Eugene C. Rome, Jr. | File Number U- |
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg, Room No. if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 60%;" type="text"/></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Illinois State Painters Welfare Fund</p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg, Room No. if any Suite 200</p> <p>Street 1000 Burr Ridge Parkway</p> <p>City Burr Ridge</p> <p>State IL ZIP Code + 4 60527-0845</p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing <input style="width: 80%;" type="text"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px;"> <p>Illinois State Painters Welfare Fund paid the annual membership fee for Eugene C. Rome to The International Foundation of Employee Benefits for the year of 2006 on 10-15-05.</p> </div> <p>12 b Amount \$100.00</p> |

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|---|---|
| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg, Room No. if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 60%;" type="text"/></p> | <p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b Amount of payment <input style="width: 80%;" type="text"/></p> |

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|--|---------------|
| Name of Person Filing <u>Eugene C. Rome, Jr.</u> | File Number U |
|--|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | | | | | | | | | |
|--|--|--------------------|-------------------------------|-------------------------|-----------------|------------------|--------------------------|--|-----------------|
| 8 Name and address of Business (including trade name if any) Name <input style="width: 100%;" type="text"/> Trade Name if any <input style="width: 100%;" type="text"/> P O Box Bldg Room No if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer | | | | | | | | |
| 10 If 9 b or 9 c is checked give trust or employer's name Name <u>Illinois State Painters Welfare Fund</u> Trade Name if any <input style="width: 100%;" type="text"/> P O Box, Bldg. Room No if any <u>Suite 200</u> Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>IL</u> ZIP Code + 4 <u>60527-0845</u> | 11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; width: 100%;"></div> | | | | | | | | |
| | 11 b Approximate dollar value of such dealing <input style="width: 100%;" type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px;"> <u>Reimbursed expenses incurred attending IFEBP Educational Conference in Honolulu, Hawaii 11-12-05-11-17-05 including travel days.</u> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Airfare - \$779.54</td> <td style="width: 50%;">Porters + Bell Boys - \$27.00</td> </tr> <tr> <td>Hotel Room - \$1,086.25</td> <td>maids - \$25.00</td> </tr> <tr> <td>meals - \$219.66</td> <td>Transportation - \$72.20</td> </tr> <tr> <td></td> <td>(Buses + Taxes)</td> </tr> </table> </div> | Airfare - \$779.54 | Porters + Bell Boys - \$27.00 | Hotel Room - \$1,086.25 | maids - \$25.00 | meals - \$219.66 | Transportation - \$72.20 | | (Buses + Taxes) |
| Airfare - \$779.54 | Porters + Bell Boys - \$27.00 | | | | | | | | |
| Hotel Room - \$1,086.25 | maids - \$25.00 | | | | | | | | |
| meals - \$219.66 | Transportation - \$72.20 | | | | | | | | |
| | (Buses + Taxes) | | | | | | | | |
| | 12 b Amount. <u>\$2,209.65</u> | | | | | | | | |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employee any payment of money or other thing of value

| | |
|---|--|
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <input style="width: 100%;" type="text"/> Trade Name if any <input style="width: 100%;" type="text"/> P O Box, Bldg Room No if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 14 a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b. Amount of payment. <input style="width: 100%;" type="text"/> |

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|--|----------------|
| Name of Person Filing <u>Eugene C. Rome, Jr.</u> | File Number U- |
|--|----------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any).

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

9 Business deals with

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10 If 9.b or 9.c. is checked give trust or employer's name.

Name Illinois State Painters Welfare Fund
Trade Name, if any
P O. Box, Bldg. Room No. if any Suite 200
Street 1000 Burr Ridge Parkway
City Burr Ridge
State IL ZIP Code + 4 60527-0845

11 a Nature of such dealing

11 b Approximate dollar value of such dealing.

12.a. Nature of interest held or income received

Illinois State Painters Welfare Fund paid To Sheraton Chicago Hotel, 301 E. North Water Street, Chicago, IL for the Hotel room of Trustee, Eugene C. Rome for the night of 12-1-05 who attended Trustee meeting ON 12-2-05.

12 b Amount.

\$218.10

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any
P O Box, Bldg Room No if any
Street
City
State ZIP Code + 4

14 a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b. Amount of payment.

| | |
|--|----------------|
| Name of Person Filing <u>Eugene C. Rome, Jr.</u> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg Room No. if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10 If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Illinois State Painters Welfare Fund</u></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg. Room No. if any <u>Suite 200</u></p> <p>Street <u>1000 Burr Ridge Parkway</u></p> <p>City <u>Burr Ridge</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60527-0845</u></p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11 b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12 a. Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px;"> <p>Reimbursement of expenses incurred attending Trustee meeting on 12-20-05</p> <p>mileage - \$169.75</p> <p>Parking - \$38.00</p> <p>meals - \$28.42</p> <p>Taxis - \$24.20</p> <p>Tips - \$11.00</p> </div> <p>12.b Amount. <u>\$271.37</u></p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg Room No. if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>14 a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b. Amount of payment. <input style="width: 100%;" type="text"/></p> |